

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
SACRAMENTO DIVISION

ESTATE OF DELION JOHNSON, et al.,

Plaintiffs,

vs.

COUNTY OF SACRAMENTO, et al.,

Defendants.

Case No.

**DECLARATION OF MARLISA HILL
RE: CAL. CODE CIV. PROC. § 377.32**

I, Marlisa Hill, do declare and say:

1. I submit the following declaration concerning D [REDACTED] J [REDACTED] and M [REDACTED] J [REDACTED]'s status as the successors-in-interest to Delion Johnson, pursuant to section § 377.32 of the California Code of Civil Procedure.

2. Delion Johnson was born on [REDACTED], 1987, in Monterey, California.

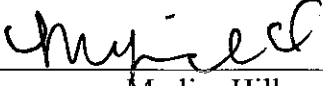
3. No proceeding is now pending in California for administration of the estate of Delion Johnson.

4. D [REDACTED] J [REDACTED] and M [REDACTED] J [REDACTED] are the successors-in-interest to Delion Johnson (as defined in section 377.11 of the California Code of Civil Procedure) and succeed to his interest in this action or proceeding. D [REDACTED] J [REDACTED] and M [REDACTED] J [REDACTED] are the surviving children of Delion Johnson.

5. No other person has a superior right to commence this action or proceeding, or to be substituted for Delion Johnson in this pending action or proceeding.

6. A true and correct copy of the death certificate of Delion Johnson is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on June 15, 2023, at Sacramento, California.



Marlisa Hill,
as guardian *ad litem* for
D [REDACTED] J [REDACTED] and M [REDACTED] J [REDACTED]

COUNTY OF SACRAMENTO

DEPARTMENT OF HEALTH SERVICES

3052023083906

CERTIFICATE OF DEATH

3202334003836

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-13 (REV 2021)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DELION		2. MIDDLE CHAFFAN		3. LAST (Family) JOHNSON	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 1987		5. AGE Yrs. 35	
		6. FUSED ONE YEAR Months Days		7. IF UNDER 24 HOURS Hours Minutes	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/BDP* (at Time of Death) NEVER MARRIED		13. DATE OF DEATH mm/dd/yyyy 04/05/2023		14. HOUR (24 Hour) 1616 END	
15. EDUCATION - Highest Level Completed (see worksheet on back) HS GRADUATE		16. WAS DECEDENT HISPANIC/LATINO/ASPIAN/ASH-1? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) AFRICAN AMERICAN	
18. USUAL OCCUPATION - type of work for most of life DO NOT USE RETIRED CONTRACTOR		19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) DEMOLITION		20. YEARS IN OCCUPATION 11	
21. DECEDENT'S RESIDENCE (Street and number, or location) 3335 64TH STREET					
22. CITY SACRAMENTO		23. COUNTY/PROVINCE SACRAMENTO		24. ZIP CODE 95820	
25. YEARS IN COUNTY 8		26. STATE/FOREIGN COUNTRY CA			
27. INFORMANT'S NAME, RELATIONSHIP MICHELLE COOPER, MOTHER			28. INFORMANT'S MAILING ADDRESS (Street and number, or route/box number, city or town, state and zip) 1574 CHURCHER DRIVE, MANTECA, CA 95337		
29. NAME OF SURVIVING SPOUSE/BDP - FIRST -		30. MIDDLE -		31. LAST (BIRTH NAME) -	
32. NAME OF FATHER/PARENT - FIRST LYLE		33. MIDDLE THOMAS		34. LAST JOHNSON	
35. NAME OF MOTHER/PARENT - FIRST MICHELLE		36. MIDDLE ANNA MARIE		37. LAST (BIRTH NAME) ROWAN	
38. BIRTH STATE NY		39. BIRTH STATE CA			
40. DISPOSITION DATE mm/dd/yyyy 04/21/2023		41. PLACE OF FINAL DISPOSITION RESIDENCE OF MICHELLE COOPER 1574 CHURCHER DRIVE, MANTECA, CA 95337		42. TYPE OF DISPOSITION CREMATE/RESIDENCE	
43. SIGNATURE OF EMBALMER MICHELLE M PRICE		44. LICENSE NUMBER FD1977		45. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE MD	
46. NAME OF FUNERAL ESTABLISHMENT BAYSIDE COMMUNITY MORTUARY		47. DATE mm/dd/yyyy 04/17/2023		48. LICENSE NUMBER EMB9559	
101. PLACE OF DEATH SACRAMENTO COUNTY MAIN JAIL		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other	
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 651 I STREET		106. CITY SACRAMENTO	
107. CAUSE OF DEATH PENDING		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 UNK					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER [REDACTED]	
117. DATE mm/dd/yyyy 04/11/2023		118. TYPE A1 - ENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED]		119. TYPE A2 - ENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED]	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 04/11/2023		122. HOUR (24 Hour) 1616 END	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]					
124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury) [REDACTED]					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) [REDACTED]					
126. SIGNATURE OF CORONER / DEPUTY CORONER ALLYSON ROGERS		127. DATE mm/dd/yyyy 04/11/2023		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ALLYSON ROGERS, DEP CORONER	
STATE REGISTRAR A		B		C	
D		E		F	
FAX AUTH.#		CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health Services.

DATE ISSUED

April 24, 2023

* 002128009 *

Olivia Kasirye MD
OLIVIA KASIRYE, MD
LOCAL REGISTRAR

PBCDO (REV) 09/20

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE